

TRANSACTIONS OF THE SECTION ON GEN-
ERAL SURGERY OF THE COLLEGE
OF PHYSICIANS OF PHILA-
DELPHIA.

Stated Meeting, March 8, 1895.

O. H. ALLIS, M.D., President, in the Chair.

LIGATION OF COMMON CAROTID ARTERY FOR ORBITAL
ANEURISM.

DR. THOMAS G. MORTON presented a patient showing the result of a ligation of the right common carotid artery, performed in December, 1864, for aneurism of the orbit.

The patient, then thirty-six years of age, was in March, 1864, awakened from sleep by a noise in her head which sounded like the report of a pistol. She at once felt pain in the right eye, which soon became prominent and pulsated. There were present also dilated pupil, impaired vision, and general venous fulness of the vessels of the eye and brow.

Pressure on the carotid controlled the pulsation and bruit. The carotid was tied in December of the same year. The symptoms promptly disappeared, and the patient has continued in good health since.

TRAUMATIC ANEURISM OF BOTH EXTERNAL ILIAC
ARTERIES.

DR. MORTON presented a second patient, referred to him by Dr. A. H. Halberstadt, of Pottsville, with the following account:

The man, twenty-five years of age, was walking on ice a month previous, carrying in his hands bundles weighing sixteen pounds. He slipped, but recovered himself and did not fall. He immediately felt some discomfort at the lower part of the abdomen. This increased

afterwards from day to day, until the pain became great. It was attended by heavy throbbing of the vessels in the left groin, contraction of the muscles of the leg, and numbness from the knee down, and loss of knee-jerk. After two weeks the aneurismal pulsation ceased, leaving a thick corded line along the track of the large vessels. The same character of pulsation appeared on the right side three weeks after the appearance of the first symptoms, but they are as yet unattended by much pain or numbness, and the knee-jerk continues normal.

Examination revealed a large, irregular, non-pulsating tumor with feeble bruit occupying the left groin, and absence of pulsation in the vessels of thigh or leg; complete numbness in the distribution of the anterior crural nerve, total absence of patellar reflex, thigh somewhat swollen, being two inches more in circumference than the right.

In the right groin is a small pulsating tumor about the size of a walnut, with marked aneurismal symptoms and with very feeble circulation below this point. The right thigh, which has been kept flexed since the accident, cannot be extended owing to muscular contraction.

It seems probable that incident to the violent strain both iliacs were injured, the left more than the right, with rapid development of a tumor, which by pressure involved the anterior crural nerves. Consolidation of the aneurism in the left side apparently has occurred naturally, and improvement has taken place in the circulation of the limb, and comparative freedom from the pain, which has been intense.

On the right side the tumor is not large, and its pulsation is easily controlled by pressure on the artery. That the discovery of the disease on the right artery was not made earlier after the accident was doubtless due to the great preponderance of symptoms on the left side.

With regard to the treatment, it would seem that since favorable progress is going on in the tumor in the left groin, it is reasonable to expect that nature may complete the cure without any operative interference. As regards the active aneurismal tumor on the right side, ligation of the iliac may be required if the disease continues to develop or serious symptoms appear, but the patient has improved so much that delay seems more than justifiable.

DIFFUSE ANEURISM.

DR. EDWARD MARTIN reported four cases of diffuse aneurism with operation and cure.

VARICOSE ANEURISM OF THE THIGH.

DR. JOHN B. ROBERTS reported "A Case of Varicose Aneurism, the Result of a Pistol-Shot Wound." (See page 372.)

DR. JOHN ASHHURST, JR. remarked that his experience with varicose aneurism had been limited to two cases, and that he had seen at least one case of aneurismal varix, in the person of an army officer, who had a marked aneurismal varix of the femoral artery and vein, caused by a musket-ball which had passed between them. In such cases no operation is, as a rule, needed, since the condition is not progressive. In neither of the two cases of varicose aneurism which he had seen was any operation required. In one, a case shown him by Professor Osler, of Baltimore, the history was that the patient had a pointed lead-pencil in his vest-pocket, and that by a fall the pencil was driven into his axilla, wounding the artery and vein. Subsequently a pulsating sac was developed, but as this was stationary when he saw him, he advised against any operation.

The other case occurred in the person of a medical man, who was using a pair of scissors or a knife when the blade slipped and entered the upper portion of his thigh. The wound soon healed, but a varicose aneurism formed at the place of injury. Here, too, when he saw the case the sac was not getting any larger, and he therefore advised against interference. The treatment in this case was to make slight pressure with a pad over the sac, and also to wear a truss so as to make constant gentle pressure upon the iliac artery at the groin. With this apparatus the patient is able to attend to his professional duties without inconvenience.

When any operation is required for varicose aneurism, it is proper to ligate both ends of the artery, but not the vein. He did not think it to be good practice in these cases to tie the vein as well as the artery.

As to diffuse traumatic aneurism, the name is really an incorrect one, because the lesion is essentially one of wound of an artery, and not an aneurism in the true sense of the term. The proper treatment in these cases is to lay open the swelling and tie both ends of the artery at the site of rupture, unless the circumstances render amputa-

tion necessary. In diffuse traumatic aneurism in the upper extremity, or in the femoral artery, ligation would ordinarily be the best operation, but if the popliteal artery were the one affected, amputation would commonly be safer.

DR. J. M. BARTON said that in cirroid aneurism the injection of alcohol had been found useful, and may take the place of the radical operation recommended by Dr. Ashhurst. He had used it in full strength. It can be injected safely. In a recent case of nævus of the cheek he had made twenty to thirty injections with complete success. He thought that this treatment deserved more attention than it had yet received.

ANEURISM OF THE ANTERIOR TIBIAL ARTERY.

DR. DEFOREST WILLARD presented a specimen of aneurism of the anterior tibial artery just at its origin where it pierces the interosseous membrane between the tibia and fibula.

The history of the case was that of pain following a long and severe walk. The head of the fibula was driven outward forcibly at each pulsation, and the bruit was marked.

The case was cured by digital compression of the femoral artery, pulsation ceasing in forty-eight hours. Treatment was continued as a precautionary measure for another day. Cure was complete, and the relief from pain, which had been very severe, was marked. He died some years after this of another disease, when the specimen was obtained and showed obliteration of the lumen.

ANEURISM OF THE AORTA.

DR. ALLIS presented a specimen removed post-mortem from a negro man who had suffered from aneurism affecting the right and upper side of his thorax. He had been a porter in a Pullman car, and upon one occasion, as he was putting up a berth, the car slewed round and gave him such an injury that he had to give up his work. He rapidly grew worse until death occurred. This specimen showed an aneurism of the first part of the aorta, which had eroded the ribs and extended to the branches in the neck.

POPLITEAL ANEURISM.

DR. W. W. KEEN exhibited a patient whose femoral artery was tied after failure of compression for popliteal aneurism. J. B., aged fifty-four years, entered the Jefferson College Hospital, March 3, 1892.

Family history good. In 1864 he contracted syphilis. He was under treatment a very short time and never noticed, after the disappearance of the eruption, any further outbreak. Being a night-watchman in a chemical works he had to make eleven rounds every night, climbing forty-four flights of stairs, eighteen steps to the flight, making an aggregate of 1584 steps every night. Six months before admission to the hospital he noticed a small tumor in his left popliteal space, from which date it progressively grew in size with corresponding increase in pain.

Soon after admission forced flexion was tried, but this, though pushed to the limit of endurance, was not sufficient to arrest the pulsation in the popliteal artery.

March 26, 1892, a graduated compress and bandage were applied to the femoral artery without success, and then a shot-bag was used, which only partially arrested the circulation. A three-pad tourniquet was then resorted to, but the discomfort was too great.

April 8, the femoral artery was tied at the apex of Scarpa's triangle with silk, the "stay knot" of Ballance and Edmund's being used. Six days later pulsation was detected in the dorsalis pedis, but none in the aneurism. He was discharged in three weeks.

March 8, 1895. The patient has been entirely well ever since, but he has had other night duties assigned him in place of climbing so many steps.

VENOUS ANGIOMA OF THE HAND.

DR. W. W. KEEN also reported the following case: Miss G. F., aged seventeen years, entered the Jefferson Hospital, January 1, 1895. Seven years before an older sister pushed the ring-finger of her left hand into hyperextension. This caused severe pain, but did not interfere with motion. For two months afterwards the knuckle-joint was painful. At the end of this time a small swelling appeared on the dorsal surface of the hand immediately between the knuckle of that finger and the little finger. A short time later a similar swelling appeared on the palmar surface. When admitted, these swellings had greatly increased in size and had become not only painful, but had produced a mechanical disability in the hand. Between the ring and little finger on the dorsum there was a bluish mass extending half the length of the metacarpal bone. On the palmar surface it extended up to the joint and on a level with the web of the thumb.

January 9, 1895, an incision was made first on the palmar surface,

and later on the dorsal surface of the hand. The mass of veins was dissected out with much difficulty after a great deal of time. The operation required over an hour. She made an uninterrupted recovery. Her highest temperature was $99\frac{1}{2}^{\circ}$ F.

VENOUS ANGIOMA OF THE FOOT.

DR. W. W. KEEN also presented a boy, aged twelve years, who had been cured of a venous angioma of the dorsum of the foot by its removal. Seven years before coming under his care the boy fell and sprained his ankle. He recovered from the accident, but there remained always some swelling on the outer side of the left instep; six months before admission he was struck with an apple on the site of this swelling, after which the pain and swelling prevented his walking, except with considerable difficulty.

When admitted, on the left instep, over the site of the extensor brevis digitorum, was a swelling which was soft, elastic, semifluctuating, without thrill, bruit, or pulsation; no enlargement of the veins, no dislocation; in fact, except for the swelling, semifluctuation and moderate pain, the symptoms were negative.

May 18, 1894, an incision was made in the long axis of the foot, and a venous angioma, consisting of a mass of varicose veins, was revealed. The veins bled profusely; seizing them with hæmostatic forceps at many points did not do the least good. The moment they were seized, the veins would bulge out like distended bladders, and at not a few places ruptured. Efforts to control the bleeding by ligatures passed deeply were likewise futile. An Esmarch bandage was then applied and the anterior tibial vessels were exposed and tied, and also the bleeding points in the mass itself. When the Esmarch bandage was removed the mass bled quite as freely as before. He then proceeded to dissect out the whole mass while an assistant compressed the femoral artery at Poupart's ligament. He made an incision which extended from over two inches above the ankle down to the roots of the toes. This was crossed by another incision over the instep, from one side of the foot to the other. The mass of distended veins lay immediately next the bone under the extensor tendons, and especially had invaded the belly of the extensor brevis and the edge of the muscular belly of the flexor longus pollicis, extending also under the anterior annular ligament and a little above its upper border.

He began the dissection at the root of the toes, where he found normal vessels; dissected up the mass towards the ankle, having to dissect the veins from the inner and outer border of the whole foot, removing the entire belly of the extensor brevis, and part of the belly of the extensor longus pollicis. He was compelled to partially divide the anterior annular ligament, in order to follow the diseased veins into the leg. At two points he opened into the joints, so intimately were the veins coalesced with the deep structures. Finally, he was enabled to remove the entire mass, having applied around the periphery about a dozen ligatures. The hæmorrhage then ceased. A portion of each of the four flaps sloughed at the point of crossing of the two incisions. Excepting this the entire wound healed by first intention.

March 8, 1895. The boy's foot is in excellent condition.

Dr. Keen said that this case was one of the most difficult that he had had for a long while. At one time it was even a question with him whether the hæmorrhage would not be so severe and uncontrollable as to necessitate an amputation of the leg. Had the final expedient of tying the vessels at the periphery not been successful this would certainly have been the case. As it was, though the dissection was tedious and difficult, yet, finally, it was entirely successful, and the result has been all that could be wished.